



KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601

Phone (502) 782-8814 ~ <http://adc.ky.gov>

APPLICATION FOR REINSTATEMENT

Your Certification as an Alcohol & Drug Counselor has expired, and you must cease and desist immediately. In accordance with KRS 309.085 and regulations governing this profession, you are required to renew your certification every three (3) years. To reinstate your certification please return this completed form with the reinstatement fee of \$300.00 by check or money order made payable to the **Kentucky State Treasurer**, per 201 KAR 35:020 Section 5. Pursuant to KRS 309.085 (2) certificates may be reinstated within 1 year of the anniversary date of issue of renewal. Following expiration of the reinstatement period, all applicants must meet the current certification requirements at forth in statute and administrative regulation.

1. _____

Name: First	Middle	Last	Maiden

Social Security Number	Date of Birth	Home Phone	Cell Phone

Mailing Address: Street	City	State	Zip Code

Employer		Business Phone	

Employer's Address: Street	City	State	Zip Code

Home Email		Business Email	

Type of Credential and Credential Number _____			

2. Have you been convicted of a felony since your application or renewal? Misdemeanor (excluding minor traffic violations) within the last 5 years. ☐ YES ☐ NO
If yes, list offense and provide details on a separate sheet of paper.
3. Have you been subject to disciplinary action by a mental health credentialing or licensure board?
☐ YES ☐ NO
If yes, give details on a separate sheet of paper. Details shall include, but not be limited to the date charges will be filed, details surrounding the allegations and a copy of the official final actions taken.
4. List any state in which you have become licensed or certified since your last renewal, the type of license or certification, and the number of the certification or license: _____

AFFIDAVIT

I do hereby certify under penalty of law, that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

Applicant's Signature (Do not type or print)

Date

Applicant Name _____

CONTINUING EDUCATION HOURS

(Make as many copies of this page as needed. Number each page.)

PRINT OR TYPE

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Total Number of Hours on This Page: _____

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